Schedules A&B—Itemized Deductions AND (Form 1040) Dividend and Interest Income

Department of the Treasury
Internal Revenue Service

Attach to Form 1040.

1972

Internal Revenue Service Your social security number Name(s) as shown on Form 1040 Schedule A-Itemized Deductions (Schedule B on back) Contributions.—Cash—including checks, money orders, etc. Medical and dental expenses (not compensated by insurance (Itemize-see instructions on page 11 for examples.) or otherwise) for medicine and drugs, doctors, dentists, nurses, hospital care, insurance premiums for medical care, etc. 1 One half (but not more than \$150) of insurance premiums for medical care. (Be sure to include in line 10 below) . . . 2 Medicine and drugs . . . 3 Enter 1% of line 17, Form 1040 . . . 18 Total cash contributions . 19 Other than cash (see instructions on page 12 for required statement). Enter 4 Subtract line 3 from line 2. Enter differtotal for such items here ence (if less than zero, enter zero) . . 20 Carryover from prior years 5 Enter balance of insurance premiums for 21 Total contributions (Add lines 18, 19, and medical care not entered on line 1. 20. Enter here and on line 35, below.) > 6 Itemize other medical and dental expenses. Include hearing aids, dentures, Interest expense. eyeglasses, transportation, etc. 22 Home mortgage 23 Installment purchases . . . 24 Other (Itemize) _ 25 Total interest expense (Add lines 22, 23 and 24. Enter here and on line 36, below.) Casualty or theft loss(es) See instructions on page 12. NOTE: If you had more than one casualty or theft loss occurrence, OMIT lines 26 through 29 and see page 12 of the instructions for guidance. 26 Loss before adjustments. 27 Insurance reimbursement 7 Total (add lines 4, 5, and 6) . . . \$100 00 28 \$100 limitation . 8 Enter 3% of line 17, Form 1040. 29 Add lines 27 and 28 . 9 Subtract line 8 from line 7. Enter differ-30 Casualty or theft loss. (Excess of line ence (if less than zero, enter zero). 26 over line 29. Enter here and on line 10 Total deductible medical and dental ex-37, below.) . penses (Add lines 1 and 9. Enter here and on line 33, below.) 31 Child and dependent care expenses from Form 2441. (Enter here and on Taxes. line 38, below.) . 11 Real estate Miscellaneous deductions for alimony, 12 State and local gasoline (see gas tax tables) union dues, etc. (see instructions on 13 General sales (see sales tax tables). page 13). 14 State and local income 15 Personal property 16 Other_ 32 Total miscellaneous deductions (Enter 17 Total taxes (Add lines 11 through 16. here and on line 39, below.) . . Enter here and on line 34, below.). **Summary of Itemized Deductions** 33 Total deductible medical and dental expenses (from line 10) . **34** Total taxes (from line 17) 35 Total contributions (from line 21) 36 Total interest expense (from line 25) 37 Casualty and theft loss(es) (from line 30) 38 Child and dependent care expenses (from line 31) . . 39 Total miscellaneous deductions (from line 32) 40 TOTAL ITEMIZED DEDUCTIONS. (Add lines 33 through 39. Enter here and on Form 1040, line 52.).

Name(s) as snown on Form 1040 (Do not enter	name and social s	recurry number if shown on other side)	our social security number
Part I Dividend Income Note: If gross dividends (including capital and other distributions on stock are \$200 or plete this part. But enter gross dividends less gain distributions and non-taxable distribution	r less, do not cor the sum of capita	Part II Interest Income Note: If interest is \$200 or less, do not complete this part But enter amount of interest received on Form 1040, line 13. 7 Interest includes earnings from savings and loan associations mutual savings banks, cooperative banks, and credit unions	
 1040, line 12a (see note below). 1 Gross dividends (including capital gain distributions) and other distributions on stock. (List payers and amounts—write (H), (W), (J), for stock held by husband, wife, or jointly) 		as well as interest on bank deposits, bonds, tax refunds, etc Interest also includes original issue discount on bonds and other evidences of indebtedness (see instructions on page 13). (List payers and amounts)	
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2 Total of line 1			
3 Capital gain distributions (see instructions			
on page 13. Enter here and on Schedule D, line 7). See			
note below			
tions (see instructions on page 13) .			
5 Total (add lines 3 and 4)			
6 Dividende hefere evaluation (auhturat			
6 Dividends before exclusion (subtract line 5 from line 2). Enter here and on Form 1040, line 12a		8 Total interest income. Enter here on Form 1040, line 13	
Note: If you received capital gain distributions and do not need Schedule D to report any other gains or losses or to compute			

ote: If you received capital gain distributions and do not need Schedule D to report any other gains or losses or to compute the alternative tax, do not file that schedule. Instead, enter 50 percent of capital gain distributions on Form 1040, line 41.